

RECEIVED
03/07/2024

Diagnostic Imaging
500 W. Broadway
Missoula, MT 59802
p: 406.329.5834
f: 406.327.1618

Mail Control Number: 640008
Docket Number : 3014734
License Number : 25-16773-02
Licensee Name : Providence Health & Services - Montana



Saint Patrick Hospital
500 West Broadway Ave Missoula MT 59806
Radiation Safety Officer: Kayla Ohm ARRT (N) RSO
Phone: 406-329-5832

02/29/2024

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
1600 E. Lamar Boulevard
Arlington TX 76011-4511

Amendment Request 56 to License # 25-16773-02

Dear whom it may concern:

We would like to request an Amendment (#56) to our RAM License # 25-16773-02 in regard to the Authorized Users. We would like to request the addition of one (1) Authorized User and the removal of four (4) Authorized Users to/from our license (#25-16773-02)

Requested Addition:

- Dr Paul Christopher Anderson
 - He is currently listed on the Bozeman Health Deaconess RAM license # 25-10994-04
 - 35.100, 35.200, 35.1000 (Y90 Sir-Spheres)
 - If he is listed as an authorized user for anything else, please include those as well.

We would also like to request the removal of the following Authorized Users from our license:

- Sarsfield Dougherty MD – Retired
- Michael Stewart MD – Retired
- Leslie A Russell MD – No longer contracted with St. Patrick Hospital.
- Suzanne L Shaw MD – No longer contracted with St. Patrick Hospital.

Thank you for your time.

Sincerely,
Kayla Ohm ARRT (N) RSO

A handwritten signature in black ink, appearing to read "Kayla Ohm", followed by the initials "KTW" in a smaller, more stylized script.



RT 217
ST 87
9
17:00 A

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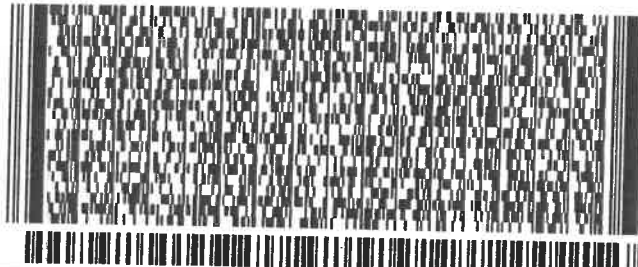
583J6794B9AEC3

SHIP DATE: 29FEB24
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TO U.S. NUCLEAR REGULATORY COMMISSION
NUCLEAR MATERIALS LICENSING BRANCH
1600 E. LAMAR BOULEVARD

ORIGIN ID:MSOA (406) 329-5834
RADIOLOGY
ST. PATRICK HOSPITAL
500 W. BROADWAY
MISSOULA, MT 59802
UNITED STATES US

ARLINGTON TX 76011
REF: 7140009700
DEPT:



MON - 04 MAR 5:00P

TUE - 05 MAR AA
** 2DAY **

76011
TX-US
DFW



SS FMHA

TRK# 7753 6866 4558



SS FM

TRK# 7753 6866 4558

5804236 01Mar2024 MSOA 581G6/194B/C008



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Kayla Ohm, AART(N)
Radiation Safety Officer
Providence Health & Services – Montana
dba St. Patrick Hospital
P.O. Box 4587
Missoula, MT 59806

Date

03/19/2024

License Number(s)

25-16773-02

Mail Control Number(s)

640008

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 02/29/2024

The initial processing, which included an administrative review, has been performed.

☒ Amendment ☐ Termination ☐ New License ☐ Renewal

☐ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 11/30/2025
Fee Comments: CALIBRATE THEIR OWN
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Providence Health & Services - Montana
Received Date: 03/07/2024
Docket Number: 3014734
Mail Control Number: 640008
License Number: 25-16773-02
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A
Check No.: N/A

3. COMMENTS

Signed: Carol L. Hill
Date: 03/19/2024

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____
Renewal: _____
License: _____

3. OTHER _____

Signed: _____
Date: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3014734	LICENSE NUMBER: 25-16773-02	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 640008	RECEIPT DATE: 03/07/2024	ACTION TYPE: Amendment
DUE DATE: 06/05/2024	INST. CODE: 16773	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical
ISSUE DATE:	ORIGINAL DATE: 11/07/1989	EXPIRATION DATE: 11/30/2025
DECOMMISSIONING CATEGORY: Group 2	LAST ISSUE DATE:	
LICENSEE NAME: Providence Health & Services - Montana	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: P.O. Box 4587	CONT PLAN REQD: N	APPRV: N
MAILING ADDRESS LINE 2:		
CITY: Missoula	STATE: MT	ZIP: 59806
CONTACT PERSON: PREFIX:	FIRST NAME: Patrick	MIDDLE INITIAL:
LAST NAME: Martin	SUFFIX: M.S.	
JOB TITLE:	PHONE: 406-327-1696 FAX: 406-329-5675	EMAIL: pmartin@saintpatrick.o
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: Montana	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
PRIMARY PGM CODE: 02230	SECONDARY PGM CODE: 02120,02240	
INSPECTION REGION: Region 4	PRIORITY: 2	
RSO: PREFIX:	FIRST NAME: Kayla	MIDDLE INITIAL: LAST NAME Ohm
SUFFIX: ARRT(N)	RSO JOB TITLE:	
RSO PHONE: 406-329-5832	RSO FAX: 406-531-5512	RSO EMAIL: kayla.ohm@providence.org
STATES WHERE USE IS AUTHORIZED: 1	0- ALL LISTED STATES 1- SAME AS STATE IN ADDRESS 2- ALL STATES 3- NON-AGREEMENT-STATES	
AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):		